



## Statement of Organization POLITICAL COMMITTEE

Type of Statement			
<input type="checkbox"/> New Committee		<input type="checkbox"/> Amended Statement	
Name of Committee			
<p>Insert full name of committee (you may include acronyms, but please spell them out)</p> <p><b>NOTE: Any political committee that intends to use the name of a candidate as part of the name of their political committee must file, along with this form, a copy of:</b></p> <ul style="list-style-type: none"> <li>the written authorization of the candidate consenting to the use of his name; or</li> <li>the political committee's notice to the candidate of use of his/her name and evidence that the letter was received. The letter must be sent at least twenty-one days prior to the filing of this form.</li> </ul> <p>If two candidates have the same last name, the political committee shall include the first name, or other initial or nickname, in the name of the political committee to identify which candidate is associated with the political committee.</p>			
Committee Mailing Address			
Street/PO Box (*See Instructions)			
City	State	Zip Code	
(     )	(     )		
Business Phone	Fax	E-Mail Address (*see instructions)	
Affiliated Organization or PAC			
<p>Political Party Affiliation (if any) : _____</p> <p>Name/Address of Affiliated Organization or PAC: _____</p> <p>_____</p> <p>_____</p> <p>Indicate the Purpose of your Committee (e.g. Labor, Business, Health Care, etc.) _____</p>			
Candidate's Supported or Opposed			
Full Name and Address of Candidate(s)	Office Sought	Party Affiliation	Support or Oppose?
Committee Depository			
Bank Name or Depository			



## Statement of Organization POLITICAL COMMITTEE

Type of Committee (Please Check One)
<input type="checkbox"/> <b>Political Party Committee</b> (please select one from the list below) <ul style="list-style-type: none"> <li><input type="checkbox"/> State Party Committee</li> <li><input type="checkbox"/> County Party Committee</li> <li><input type="checkbox"/> City Party Committee</li> <li><input type="checkbox"/> District Party Committee</li> </ul>
<input type="checkbox"/> <b>Political Action Committee</b> (please select one from the list below)  <input type="checkbox"/> <b>Local PAC</b> (intend to participate in local elections <b>only</b> ) OR; <input type="checkbox"/> <b>Non-Federal State <u>and</u> Local PAC</b> (intend to participate in local, General Assembly and Statewide elections – not registered with FEC) Please list the Cities, Counties or Towns the Committee intends to be active in: 1) _____ 2) _____ 3) _____  <input type="checkbox"/> <b>Non-Federal State PAC</b> (intend to participate in General Assembly and/or Statewide elections <b>only</b> , not registered with FEC) <input type="checkbox"/> <b>Federal PAC</b> (registered with FEC – intending to have activity in Virginia Elections) FEC ID# _____ This Committee intends to participate in (check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Statewide elections</li> <li><input type="checkbox"/> General Assembly elections</li> <li><input type="checkbox"/> Local elections</li> </ul>
<input type="checkbox"/> <b>Inaugural Fund Committee</b> (set up to fund inauguration of an elected official)  _____ Name of Elected Person  _____ Street Address of Elected Person  _____ City _____ State _____ Zip Code _____  _____ Name of the Office for which the Person was Elected
<input type="checkbox"/> <b>Referendum Committee</b> (*Referendum Committees follow a separate filing schedule; see instructions for more details) <input type="checkbox"/> This Committee <b>Opposes</b> the Referendum <input type="checkbox"/> This Committee <b>Supports</b> the Referendum  _____ Briefly Describe the Subject of the Referendum  _____ <div style="display: flex; justify-content: space-between;"> <span>_____            Date of Referendum</span> <span>_____            Location (Insert Statewide, or the County or City)</span> </div>



## Statement of Organization POLITICAL COMMITTEE

Officer Information			
<b>Principal Custodian of the Books (Treasurer)</b>			
	Mr./Ms.	Last Name	First Name
	Street Address (Residence)		Suite #
	City	State	Zip
	Email Address (*see instructions)		Daytime Phone #
<b>Other Principal Officers</b> <small>(*see Instructions)</small>			
	Mr./Ms.	Last Name	First Name
	Street Address (Residence)		Suite #
	City	State	Zip
	Email Address (*see instructions)		Daytime Phone #
Filing Method (Electronic Filing Agreement)			
<p><input type="checkbox"/> <b>Electronic Filer</b> - I, as treasurer of this political committee, intend to file all required campaign finance disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such.</p> <p><input type="checkbox"/> I intend to electronically file using SBE's <i>VAFiling Program</i> and have attached the invoice and payment for the software.</p> <p><input type="checkbox"/> I intend to use an <b>SBE Approved Vendor</b> (please indicate name of vendor): _____</p>			
_____ <b>Signature</b>		_____ <b>Date</b>	
<p><input type="checkbox"/> <b>Paper Filer</b> - I, as treasurer of this political committee, declare that this committee does not intend to accept contributions or make expenditures in excess of \$10,000 during this calendar year. The committee therefore requests an exemption in accordance with the provisions of Article 4, §24.2-914.1 (F) of the Code of Virginia.</p>			
_____ <b>Signature</b>		_____ <b>Date</b>	
Statement of Treasurer or Other Officer			
<p><b>I accept the appointment of Treasurer for this committee.</b> I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9 of the <u>Code of Virginia</u>). I understand that I must truthfully report all monies and things of value which this political committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <u>Code of Virginia</u> for late or non-filed reports and/or for providing false information on any document submitted to the State Board of Elections.</p>			
_____ <b>Signature</b>		_____ <b>Date</b>	



## **Instructions for Completing This Form**

- This form must be written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in §24.2-929 of the Code of Virginia.

### **Type of Statement**

- Check the box that applies to the type of Statement that you are filing.

### **Name of Committee**

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

§ 24.2-908.1 of the Code of Virginia requires that any Political Committee who wishes to use a candidate's name as part of their name must show proof that the candidate either has consented to the use of their name, or that the committee has informed the candidate that they are intending to use their name.

### **Committee Mailing Address**

- Insert the committee's primary mailing address.
  - \*§24.2-908 states that committees must have an address that is located within the boundaries of the Commonwealth. However, a Political Committee that is established or controlled by a corporation doing business in Virginia or a national political party committee may provide an address that is outside the boundaries of the Commonwealth.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.
  - This information is required if your committee intends to file electronically. Otherwise, it is optional.

### **Affiliated Organization of PAC**

- Insert the committee's political party affiliation, if any.
- Insert the name and address of any affiliated organizations or Political Committees. For example, if your PAC is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
  - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

### **Candidate's Supported or Opposed**

- Indicate any and all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this report.

### **Committee Depository**

- Insert the name of the committee's sole depository (Bank Name).

**Type of Committee**

Please Choose One of the Following:

✓ ***Political Party Committee***

- A committee that are directly affiliated with an established party in Virginia
- A county, city and district party committees with a population of less than 100,000 are exempt from reporting requirements **unless** the committee receives contributions of more than \$15,000 or makes expenditures of more than \$15,000 in a calendar year. Those committees that file on paper must file with their local electoral board and State Board of Elections (SBE). Party committees that file electronically may only submit their reports to SBE.

✓ ***Political Action Committee***

- **Local PAC**
  - a committee that intends only to participate in local elections
  - be sure to include the list of localities where the PAC intends to be active
- **Non-Federal State and Local PAC**
  - a committee that is not registered with the Federal Election Commission (FEC) and intends to participate in local, General Assembly and Statewide elections
  - be sure to include the list of localities where the PAC intends to be active
- **Non-Federal State PAC**
  - a committee that is not registered with the FEC and that does not intend to participate in local elections, but does intend to participate in General Assembly and Statewide elections
- **Federal PAC**
  - a Political Action Committee that is registered with the FEC and intends to participate in Virginia elections (not including Congressional candidates)
  - check whether the committee intends to participate in Statewide, General Assembly or local elections

✓ ***Inaugural Fund Committee***

- a committee established for the purpose of raising funds to pay for a candidate's inauguration
- insert the name, address and office of the candidate's inauguration

✓ ***Referendum Committee***

- a committee that is established to support a referendum.
- check the box indicating whether you oppose or support the referendum.
- fill in the subject of the referendum
- fill in the date that the referendum will be decided (the date of the election in which the referendum is on the ballot)
- indicate the area where the referendum is being held

**Officer Information**

- Principal Custodian of the Books (Treasurer)
  - Insert the name and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms  
\***Note:** The Treasurer must be a resident of the Commonwealth of Virginia unless the committee is established or controlled by a corporation doing business in Virginia (registered with the State Corporation Commission) or a national political party committee.
  - Email Address  
\***Note:** An email address for the treasurer is required if the committee intends to file electronically (see below for e-filing requirements). The email address is optional for all other committees.
- Other Principal Officers
  - Insert the name and residential address of any other officers of the committee.  
\***Note:** At least one other officer must be a resident of the Commonwealth of Virginia unless the committee is established or controlled by a corporation doing business in Virginia (registered with the State Corporation Commission) or a national political party committee.
  - Email Address  
\***Note:** An email address for the other principal officers is required if the committee intends to file electronically (see below for e-filing requirements). The email address is optional for all other committees. However, if an email address is inserted then the committee will be required to amend their form if the treasurer's e-mail address changes.

**Filing Method**

- Indicate whether the committee intends to file all of their campaign finance disclosure reports electronically.

**NOTE**

\*Political Committees that intend to raise more than \$10,000 or who intend to spend more than \$10,000 in a single calendar year are required by §24.2-914.1 to file electronically.

- **VA Filing Option**
  - If you choose to use SBE's *VA Filing* Program, please attach a completed invoice and check for \$35 made out "State Board of Elections." SBE will provide you with instructions on how to obtain your software when your Statement of Organization is acknowledged.
- **Approved Vendor Option**
  - If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for e-filing. Although you are free to use any company you wish, we cannot guarantee that the company you choose will completely comply with SBE's standards. As a result, your committee may end up paying fines for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: [http://www.sbe.state.va.us/Campaign\\_Finance/](http://www.sbe.state.va.us/Campaign_Finance/)